PTC/SB/06 (08-07) Approved for use through 06/30/2007, OMB 0651-0032

	PA	TENT	APPLI		MLE	E DET r Form P		IINAI		RECO		iformation ur	Appil	S. DEPARTMENT splays a valid OM cation or Docket 01,339	B control numb
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY												OR		R THAN ENTITY	
	FOR		NUMBER FILED		•	NUMBER EXTRA				RATE	(3)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A			N/A			7	N/A		7 - 74	1	N/A	FEE (#)
SE (37	ARCH FEE CFR 1.16(k), (i), or	(m))	N/A			N/A			7	N/A			1	N/A	+
EΧ	AMINATION FE	Ē	N/A			N/A			1	N/A		-	1	NIA	<del> </del>
TO	TAL CLAIMS CFR 1.16(i))	. 19//	minus 20 =						┨.			1	<del></del>		
IND	EPENDENT CL	AIM\$			+				┨	X =		OR	× 50.00 =		
(37	CFR 1.16(h))	14	minus 3 =  If the specification and			denvises average 400			4	x	=		J	×200.00=	
(37	GFR 1,18(s))	: 9 is a 3	sheets of paper, the ap s \$250 (\$125 for small additional 50 sheets or 35 U.S.C. 41(a)(1)(G) a			plication size fee due entity) for each fraction thereof, See and 37 CFR 1.16(s),								250.00	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									N/A				N/A	l
.46	* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL				TOTAL	0.00
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)												OR	OTHER	THAN
	, , , , ,	CLAIM				HEST	(00	(Column 3)		SWALL		NTITY	, ,	SMALL	ENTITY
NT A	Total	REMAI AFT AMEND	ining Er		PREV PAII	MBER 10USLY D FOR	ER PRESENT ISLY EXTRA OR			RATE (\$	) 	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1.10(0))		9	Minus		20		0		x	=		ÓR	× 50.00 =	0.00
	Independent (37 CFR 1.18(n))	*	1	Minus	***	3	=	0	1 [	x	_		OR	×200.00=	0.00
إ≩	Application Size Fee (37 CFR 1.16(s))								1 [				• • • • • • • • • • • • • • • • • • • •	250.00	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))									N/A			OR	N/A	
										TOTAL ADD'L FE	E		OR	TOTAL ADD'L FEE	0.00
_		(Colum:				fumn 2)	(Coli	umn 3)							
N N B		CLAII REMAII AFTE AMENDI	NING ER		NUN PREVI	HEST MBER KOUSLY FOR		SENT		RATE (\$	T	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
DMENT	Total (37 GPR 1.1800)	•		Minus	F4		±		1 [	×	_		QR	x 50.00=	. == 147
킮	Independent (37 CPR 1.16(h))	*		Minus	414		=			×	_		OR	x 200.00=	
AMEN	Application Size Fee (37 CFR 1.16(s))										1		~		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									NA			OR	N/A	
•	If the entry in column 1 is less than the entry in column 2, write "0" in column 3,									TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	0.00
***	If the entry in co If the "Highest N If the "Highest N The "Highest Nu liection of intom	lumber Pro lumber Pro Imber Prev	eviously I eviously F riously Pa	Paid For Paid For I ald For (1	in this In this <u>Cot</u> al or I	SPACE is SPACE is Independe	s less ( s less ( int) is t	ihan 20, han 3, ei ha highe	enter nter " ist nu	3°. Mber found	in the	B appropriate	box in co	olumn 1.	

This collection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.